

EXHIBIT D

November 16, 2010

IN BALANCE HEALTH LLC
305 W GRAND AVENUE
MONTVALE NJ 07645

RE: Patient Name: [REDACTED]
Identification Number: [REDACTED]
Product Name: Horizon Direct Access
Date of Service: March 30, 2010 – April 1, 2010
Claim Number: [REDACTED]
Service Request Number: [REDACTED]

Dear Physicians:

This letter is in response to your appeal regarding the above claim number.

We have reviewed your case in detail. Based upon this review, procedure codes 22505(62)x3 and 23700(LT) are not eligible for separate reimbursements in this case as they are deemed investigational/not medically necessary.

The manipulation of any portion of the spine is investigational.

However, procedure code 23700(62)(50)x2 is eligible and approved for separate payment in this case. Your claim will be reprocessed and adjusted accordingly.

If you wish to appeal this decision, please provide additional pertinent medical documentation not previously reviewed. Please submit to the address noted below:

Horizon Blue Cross Blue Shield of New Jersey
P.O. Box 220
Newark, NJ 07101-0681

We regret any inconvenience this may cause.

Sincerely,

Stanley Harris, MD
Medical Director